



# MONTANA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) & CHILD READY MT

## MT EMSC CONNECTION NEWSLETTER

APRIL 2017

This issue has information on April's health awareness topics -National Child Abuse Prevention Month; child abuse information; Autism Awareness Month; pediatric disaster trainings; and MORE! TRIVIA-answer & win a 2017 Broselow Tape- First 5 to email answers to Robin -[rsuzor@mt.gov](mailto:rsuzor@mt.gov)

April is National Child Abuse Prevention Month  
Building Community, Building Hope

Strong, nurturing communities that are supportive of families can get involved and play a role in preventing child abuse and neglect and promoting child and family well-being.



montana  
CHILDREN'S TRUST  
fund

Nurturing Children, Supporting Communities,  
Strengthening Families

### CHECK OUT THE CHILD ABUSE & NEGLECT PREVENTION MONTH PAGE!

#### **Go Blue Mondays**

Go Blue Day is an opportunity for Montanans throughout the state and nation to promote National Child Abuse Prevention Month. People are encouraged to sport blue attire every Monday in April. To further support efforts, share your Go Blue Day selfies on our [Facebook](#) and/or [Twitter](#) pages using #GoBlue!

April 23	<b>Volunteer for Pinwheels for Prevention</b> – Volunteers will gather to “Plant” blue pinwheels around the Capitol Building lawn on April 23 <sup>rd</sup> . Contact Melissa Lavinder at 444-6939 or <a href="mailto:mlavinder@mt.gov">mlavinder@mt.gov</a> to help.
April 25	<b>Reading &amp; Resource Fair in the Rotunda</b> –Montana Celebrity readers will begin reading at 9 am in the Capitol Building Rotunda. A book bag will be given to each child. Local organizations will line the hallways so that parents can check out the resources and services that Helena has to offer. 9:00-11:00 am.
April 30	<b>Blue Sunday</b> - Awareness activity to encourage churches to become knowledgeable of resources in their community to prevent child abuse and neglect and to remember the victims of child abuse. We reach out to churches across the state and encourage members to donate to the Children's Trust Fund's efforts to eliminate child abuse and neglect. To register your church or organization for Blue Sunday, please fill out the form or call 444-5915, or email <a href="mailto:PHanes@mt.gov">PHanes@mt.gov</a> . <a href="#">Blue Sunday Suggested Activities</a> For additional resources for Blue Sunday, visit <a href="http://www.bluesunday.org/">http://www.bluesunday.org/</a> .

Helping to prevent child abuse and neglect in Montana is easier than ever. You can [donate](#) to the Montana Children's Trust Fund! Your tax-deductible gift will be used to provide grants to programs throughout the state that work to strengthen families and keep children safe from abuse.

### SPREAD THE WORD

Help raise public awareness about preventing child maltreatment and enhancing child well-being in your community. Spread the word, create interest, and encourage those in your network to get involved!

See the free tools that can support your promotional, outreach, and social media activities at:  
<https://www.childwelfare.gov/topics/preventing/preventionmonth/spread-the-word/>

## 2017 MONTANA CHILD ABUSE & NEGLECT (CAN) CONFERENCE- APRIL 25-27 (HELENA-RADISSON INN)

### A FEW SESSIONS:

**Mindfulness Meditation for Handling Stress and Building Resiliency:** This three hour breakout session will be a mix of experiential learning and psycho-education. Employing the latest understanding from cutting edge neuroscience research and clinical practice you will learn helpful skills to calm your mind calm your body and regulate your emotions. The session will teach you practical tools that you can use every day in a variety of situations for yourself and your clients.

**Abusive Head Trauma: Injuries, Causation and Outcomes:** Case examples will be used to review the injuries associated with abusive head trauma and their mechanisms. The differential diagnosis including accidental trauma and medical conditions will be reviewed, and proposed alternate causal theories will also be discussed. Outcomes will additionally be reviewed.

**A three part presentation including Tribal *Period of PURPLE Crying*, Promising Pregnancy Care, and March of Dimes:** The *Period of PURPLE Crying* helps parents understand the first few months in their baby's life, which is commonly inundated by incessant infant crying. The *Period of PURPLE Crying* is a meaningful and memorable way to describe what parents and their babies are going through. The presentation is with tribal certified facilitators for the *Period of PURPLE Crying* program in Montana. They have spent the past year traveling the state to raise awareness of Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) prevention and related resources, tools, and education available to providers and caregivers of infants. They provide trainings that incorporate culturally appropriate traditions. They will give a brief overview of their training that includes lines of evidence, education, and materials for SBS/AHT prevention. Additionally, they will offer a reflection of their experience implementing this program in tribal communities and what it entails to become a certified facilitator. **Promising Pregnancy Care:** Studies have shown that group prenatal care decreases the risk of preterm births, increases birth weights, and increases patient satisfaction. The Promising Pregnancy Care Program is Montana Medicaid's new, reimbursable group prenatal care program for low-risk pregnancies. This session will provide a brief history of the Promising Pregnancy Care Program, some descriptions of the curriculum, and how the program would ideally operate. The **March of Dimes** session will discuss reducing Montana's Pre-Term Birthrate (PTB), focusing on tobacco cessation and group prenatal care, two priority evidence-based interventions, tying in cultural competence and community partnership. The presentation will showcase some examples including the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program and Coming of the Blessing, as well as other programs that have been implemented in Washington. Examples will include March of Dimes work to start group prenatal care and train tribal members to co-facilitate that care, as well as train them to become doulas. The session will include discussion of PTB prevention and how it relates to child abuse and neglect prevention, as well as infant mortality prevention.

AND many more sessions: See <http://dphhs.mt.gov/CFSD/CANConference> for more information

### IDENTIFYING ABUSE- ON-LINE MODULE AVAILABLE

These online educational modules are intended to assist healthcare providers in determining the difference between accidental and intentional injuries in children. Considering many clinicians see few cases of child abuse in their daily practice, these case studies will improve assessment skills and build confidence in knowing when to report suspected abuse to appropriate authorities.

**The cases presented contain real images of injured children.** Some learners, including experienced healthcare professionals, may find these images upsetting. You may exit and/or return to this module at any time and completion of this program is voluntary.



## WHAT ARE THE INDICATORS OF POSSIBLE CHILD ABUSE AND NEGLECT?

The [indicators](#) for child abuse and neglect fall into two general categories:

**Physical indicators:** Injuries to a child that are severe, occur in a pattern, or occur frequently. These injuries range from bruises to broken bones to burns or unusual lacerations.

**Behavioral indicators:** The child's actions, attitudes and emotions can indicate the possibility of abuse or neglect. However, behavioral indicators alone are much less reliable than physical indicators, as children's behaviors may be the result of a variety of other problems or conditions that have nothing to do with abuse. When observing changes in behavior, look for the frequency and pattern of the new behavior, as well as a child's age and stage of development. For example, it is normal for younger children to be wary of adults, as they may have been taught not to talk to strangers. Look for a combination of physical and behavioral indicators.

The indicators alone do not prove child abuse or neglect—but each requires a [response from a mandated reporter](#). First, ask for more information regarding the circumstances.

If the answers leave you with a [reasonable suspicion](#) that abuse or neglect has occurred, report your suspicions to CPS.

### Physical Abuse:

[Physical Indicators](#)

[Behavioral Indicators](#)

### Sexual Abuse:

[Physical Indicators](#)

[Behavioral Indicators](#)

**Neglect:** [Combined Physical and Behavioral Indicators](#)



## MANDATORY REPORTING

Mandatory abuse reporting requirements for Montana (**MCA 41-3-201 Reports**) states any of the following persons when acting as a result of information they receive in their professional or official capacity: **A physician, resident, intern, or member of a hospital's staff** engaged in the admission, examination, care, or treatment of persons; a **nurse**, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or **any other health professional**.

**TO REPORT: COLLECT INFORMATION:** Names and addresses of parents or caregivers; the child's age; the nature, extent of current and past injuries; any other information the reporter has that might be helpful in establishing the cause of the injuries, neglect or harm; any information the reporter has that might be helpful in establishing the identity of the person or persons responsible; and the facts that led the person to reporting.

Documenting on the MT DPHHS Report Form—documentation will serve as a record that you have fulfilled your responsibilities to report. Reporting to a supervisor, does not replace your duties to report to the MT DPHHS, CFSD Child Abuse Hotline.

**CALL 7 DAYS A WEEK, 24 HOURS A DAY: CHILD ABUSE HOTLINE 1-866-820-5437**

The call is answered by a trained Intake Specialist. **CONFIDENTIALITY:** The names and any identifying information regarding the reporter are held confidential by DPHHS and are not released or disclosed by DPHHS unless a District Court Judge orders the release.

The department may provide information in accordance with [41-3-202\(8\)](#) and also share information about the investigation, limited to its outcome and any subsequent action that will be taken on behalf of the child who is the subject of the report.

## Understanding the Effects of Trauma on Health

Three-page fact sheet explores the causes of trauma and impact on an individual's risk of long-term physical and behavioral health issues. It looks at opportunities to avoid or reverse the effects of trauma, how health care providers can help patients heal from trauma, and the policy changes that can support trauma-informed care implementation. It discusses how trauma-informed approaches to care are being adopted as a crucial aspect of high-quality health care in hopes of improving patient engagement and outcomes while lowering costs. (PDF)

## Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations

Four-page brief outlines the impact of chronic work-related stress and provides examples of two trauma-informed organizations that prioritize staff wellness. It discusses how securing time and resources for staff wellness is an essential element to trauma-informed care, because supporting staff well-being helps them provide high quality care. (PDF)

## Key Ingredients for Successful Trauma-Informed Care Implementation

This 12-page issue brief draws on interviews with national experts on trauma-informed care to create a framework for organizational and clinical changes that can be practically implemented across the health care sector to address trauma. It highlights payment, policy, and educational opportunities to acknowledge trauma's impact. It also provides a table of Key Ingredients for Creating a Trauma-Informed Approach to Care, and details how to implement a comprehensive trauma-informed approach. (PDF)

## APRIL IS NATIONAL DISTRACTED DRIVING AWARENESS MONTH



### NSC Distracted Driving Online Course

The National Safety Council [Distracted Driving Online Course](#) will change drivers' behavior and attitudes about distracted driving, and help organizations lower liability risks and costs associated with vehicle collisions. Available in 90- and 45-minute formats, the NSC Distracted Driving Online Courses contain leading-edge content in an engaging, interactive format.

- **The 90-minute version** delivers a comprehensive approach to changing risky driving habits based on a self-assessment participants complete at the beginning of the course. Scenarios, activities and content is based on the driver's risk level. This course summary provides an overview. [Learn more here.](#)
- **The 45-minute course** includes the same primary learning points and scientific research about the risks of cell phone use while driving found in the full-length course. This abbreviated version is a great choice for refresher training or post-incident remedial training.

### Test Drive the Course for Free

[Take the 5-minute demo.](#) It's free, and you will gain greater insight on what the course has to offer and how it will help your organization:

- Change employees' risky driving behaviors
- Lower corporate liability risks and costs
- Reduce insurance premiums, workers' comp claims and repair bills- [Request More Information](#)



Montana Prevention Community: The Partnership for Success Project is to facilitate discussion among Montana Parents regarding underage drinking. We're excited to announce the campaign: **Let's Face It, where Montana parents can unite to prevent underage drinking.** This social media campaign will provide parents of children of all ages the opportunity to learn more about the dangers of underage drinking and to learn what our Montana communities are doing to prevent underage drinking. Join us on the campaign's website, Facebook page and a closed Facebook group for information and discussion. As the campaign matures, additional social media venues will be added. Let's face it, it's difficult to start a conversation about alcohol use; the important thing is that conversation starts. [www.letsfaceitmt.com](http://www.letsfaceitmt.com)



## NATIONAL AUTISM AWARENESS MONTH

With **autism spectrum disorders (ASD)** affecting approximately 1 in 68 and 1.5 million Americans, the likelihood of encountering a patient with an ASD is highly likely. These development disorders affect the ability to report medical conditions, regulate behavior and communicate effectively, and may require the EMS provider to take an alternate approach at assessing and treating the patient.

The “**ABC’s of Autism**” describes fundamental concepts that guide prehospital practitioners in the management of the patient with an ASD, regardless if EMS was summoned for an illness, injury or autistic crisis. Medical professionals have historically utilized mnemonic devices to easily categorize and recall information. One of the most widely-recognized medical mnemonics is the “**ABC’s**,” most often used to represent “Airway, Breathing and Circulation,” but it can also stand for “**Always Be Calm**” (and humorously, “Ambulate before Carry”). This mnemonic can also be used to describe the basic actions that should be taken by EMS professionals for encounters with patients who have autism spectrum disorders, and it is applicable in almost every encounter situation, whether it is due to an autistic crisis (escalation and meltdown), a medical emergency or an injury. Used in this context, the mnemonic stands for: **A**wareness; **B**asic; **C**alm and **S**afe Read more about this topic at:

[http://www.autismems.net/media/abcs\\$20of\\$20autism.pdf](http://www.autismems.net/media/abcs$20of$20autism.pdf).



Schedule Cultural Awareness in-person trainings by calling Kassie Runsabove at 406-238-6216 or [Kassie.runsabove@sclhs.net](mailto:Kassie.runsabove@sclhs.net)

## CULTURAL AWARENESS RESOURCE CORNER

Navigating Culture and Care modules developed for CRCAIH research project, Emergency Department use and Care in American Indian Children

A Guide to Build Cultural Awareness. An Introduction Part I (00:05 / 10:54) Resources

# Navigating Culture & Care

## Click Next to Begin!

A Guide to Build Cultural Awareness:  
PART I - An Introduction to  
American Indian/Alaska Native communities

This presentation is supported by the National Institute on Minority Health and Health Disparities of the National Institutes of Health under Award Number U54MD009164 (PI - S. Reddy)

The logo for the Collaborative Research Center for American Indian/Alaska Native Health (CRCAIH). It features a circular emblem with a yellow triangle in the center containing a black cross. The text "COLLABORATIVE RESEARCH CENTER FOR AMERICAN INDIAN/ALASKA NATIVE HEALTH" is written around the top half of the circle, and "CRCAIH" is at the bottom. A large yellow arrow points downwards from the right side of the emblem.

<http://crcaih.org/component/zoo/category/ed.html>

## [Tribal Emergency Preparedness Law](#)

This issue brief introduces tribal emergency preparedness law. It outlines tribal emergency preparedness authorities and gives examples of these authorities across tribal law. It discusses federal Indian law and the principles governing the relationships among tribes, states, and the federal government in the context of emergency preparedness. The brief concludes by discussing cross-jurisdictional coordination between tribes and other jurisdictions. <https://disasterlit.nlm.nih.gov/record/14442>



From day one. **OB Outreach classes offered by Community Medical Center (Missoula)**  
**Montana's latest Recognized Pediatric Prepared Hospital**

**Birthing Babies Bootcamp:**

The Birthing Babies Bootcamp course provides basic information to Labor and Delivery nurses. The course reviews maternal and fetal physiology, medications commonly used in pregnancy, the different stages of labor, basic fetal monitoring, postpartum assessment, care of the newborn and breastfeeding. This course can be tailored to a hospital's individual needs (either be a two-day comprehensive or a single day event.) Birthing Babies Bootcamp is a great course for newer nurses! **This class is free of charge!**

**Intermediate Fetal Monitoring Course:**

AWHONN's Intermediate Fetal Monitoring Course is a two-day course designed for nurses and clinicians with at least 6 months of experience in labor and delivery. The course reviews knowledge and skills essential to the assessment, promotion, and evaluation of fetal well-being during labor (18 contact hours CNE & 15.25 CMEs.) Offered in a standardized format, the course may be used as a competency assessment to validate the knowledge and skills of experienced nurses and other clinicians. Participants analyze case scenarios using key physiologic principles. Cost of needed course materials=\$110/person. Sessions offer demonstration, hands-on practice and testing of the following skills:

- Fetal heart rate auscultation
- Performing Leopold's Maneuvers
- Placement of intrauterine pressure catheter and fetal spiral electrode
- Interpretation of fetal monitoring tracings
- Identification of indicated clinical interventions
- Communication strategies
- Documentation methodologies

**ACLS-OB:**

ACLS-OB is a two-day course that reviews physiologic changes in pregnancy and how they affect a maternal code. The course is front loaded with OB information (5 hours) and then the Advanced Cardiac Life Support (ACLS) course with interactive Mega Code scenarios (upon completion--AHA ACLS certification.) Already have your certification in ACLS, but are interested in the OB content, attend the first 5 hours (ACLS renewal-approved ACLS course-obtain recertification upon completion-20 Contact Hours after completion of the course.

**COMPLICATIONS OF LABOR AND DELIVERY:**

This interactive 8 hour course reviews some high risk labor and delivery scenarios. Each topic is taught via a lecture, followed by hands-on training with our simulation mannequin, Noelle. The following scenarios are addressed; precipitous deliveries (what to do when the doctor doesn't make it!), shoulder dystocia, hemorrhage, hypertensive disorders of pregnancy and maternal code. Don't miss out on this great opportunity to combine knowledge and skill and learn the latest evidence-based practice on these topics. The class is free of charge.

**Other Course offerings-** OB Emergencies with Simulation; Pediatric Infusion and Sedation: Pediatric Assessment and Triage; ACLS- Peds and OB; Prenatal Loss; and STABLE (Sugar, Temperature, Airway/Artificial Breathing, Blood Pressure, Lab and Emotional Support) for Physicians, RNs and RTs.

**OB Nurse Residency Program** –Nurses participating in this program gain experience in low/high risk labor and delivery, antepartum, postpartum and newborn care to optimize the care of women and newborns.

**Monthly WebEx Lecture Series with Dr. Fausett:** educational lectures available at Community Medical Center and/or via teleconference. Also **NICU/Peds Lecture Series with Dr. Stephens & Dr. Beals, and others.**

**Contact Info:** Åshild Bork, RN OB Outreach Coordinator [abork@communitymed.org](mailto:abork@communitymed.org) (Phone: 406-327-4471) or Olivia Jagelski, RNC NICU Outreach Coordinator (Phone: 406-327-4453) or [ojagelski@communitymed.org](mailto:ojagelski@communitymed.org)

## THE CODE GREEN CAMPAIGN

The Code Green Campaign, aka Code Green is a first responder oriented mental health advocacy and education organization. Code Green serves all types of first responders, including firefighters, EMTs, paramedics, dispatchers, police, corrections, air medical, and search & rescue. **The name is from combining the color of the mental health awareness ribbon, green, and from the “code alerts” that EMS uses to designate an emergency patient.** For example, if someone is having a stroke or heart attack that needs rapid intervention, first responders will tell the hospital the patient is having a “code stroke” or “code STEMI”. **The idea is that Code Green is calling a code alert on the mental health of first responders.**

The campaign has two main goals. The **primary goal is raising awareness of the high rates of things like PTSD, depression, anxiety, substance abuse and suicide among first responders. The secondary goal is providing education for responders on how to provide care for themselves and recognize issues in their peers. As well as educating first responders about reducing stress and reducing the stigma along with improving access to mental health care.**

The primary way the campaign raises awareness is by giving first responders an outlet to tell the story of their mental health issues anonymously, and then republishing those stories so they can be viewed by everyone. This allows us to see what each other have really gone through, and allows those of us who are struggling to understand that we are not alone. It also allows those who do not have firsthand experience with mental health issues to see that mental health issues can affect anyone, which will hopefully decrease the stigma.

The Mission is to **bring awareness to the high rates of mental health issues in first responders** and reduce them. To eliminate the stigma that prevents people from admitting these issues and asking for help. To educate first responders on self and peer care and to advocate for systemic change in how mental health issues are addressed by first responder agencies.

**The Code Green Campaign was founded in March of 2014 by a group of EMS professionals after they became aware of the high rate of PTSD (post-traumatic stress disorder) and suicide among first responders.** Once they became aware of the issues, they also became alarmed at the lack of discussion about mental health and suicide, along with the lack of education and resources available for first responders.

Code Green was initially founded as a storytelling project. The founders agreed that if there is one thing that first responders like to do, it is tell stories. They thought that if they gave people a way to tell their stories anonymously it may help jump start the discussion and reduce the stigma. Since then, **Code Green has published a story every Monday, Wednesday, and Friday.**

In April of 2014 The Code Green Campaign was granted nonprofit status in their home state, the first step towards becoming a federal 501(c)(3) organization. In December of 2014 the IRS approved Code Green’s application to be classified as a public charity operating as a 501(c)(3) organization.

Since Code Green was founded in March of 2014 they have:

- **Distributed over 45,000 mental health resource cards to providers** (starting in March of 2015).
- **Collected 530 stories** to raise awareness and remind providers that no one is suffering alone.
- Educated tens of thousands about mental health, resilience, and available resources via social media (including a semi-regular column in EMS1) and at public events.
- Increased reporting of public safety suicides by 100%, **leading to a better understanding of the core issue**
- **Created a database of approximately 100 city, state, and international crisis and long-term mental health resources predominantly specializing in public safety providers, the first of its kind.**
- Provided peer support and crisis referral for hundreds of providers.

See more at: <http://codegreencampaign.org/>

## ***BABY GEAR INJURIES SURGING, OFTEN DUE TO FALLS***

Every eight minutes in the U.S., a child under three has an accident related to baby products like strollers, carriers, cribs and walkers, a study suggests. That adds up to more than 66,000 injuries a year on average, and it only counts infants and toddlers who visit the ED. **Injuries are on the rise, and roughly four in five are due to falls**, researchers report in Pediatrics. Concussions and other head injuries appear to be driving the surge in emergency room visits,

The most common culprit was **baby carriers accounting for almost 20 percent of the accidents**. Injuries may happen when parents don't use buckles and safety straps properly, or when infants are placed on a high surface like a table or counter instead of on the floor.

**Cribs, mattresses and bedding were a close second (19 percent of injuries.)** Drop-side cribs were banned in 2011 because of the high injury rate associated with these moving parts, and doctors also started telling parents to avoid soft crib bumpers that year. **Soft bedding, pillows, blankets and stuffed animals can cause suffocation and other injuries, as can ill-fitting or soft mattresses.**

**Strollers were involved in 17 percent of injuries.** Parents can prevent accidents by using buckles and straps to keep babies secure, and reduce the odds of toppling strollers by storing bags underneath instead of hanging off the back. Wider wheel bases are also safer, and parents should use wheel locks to keep strollers in place when they're parked.

**Toys like walkers, jumpers and exercisers were associated with 16 percent of the accidents** in the study.

SOURCE: [bit.ly/2mSqqqx](http://bit.ly/2mSqqqx) Pediatrics, online March 13, 2017.

## ***PEDIATRIC DISASTER RESPONSE AND EMERGENCY PREPAREDNESS***

The Montana EMS for Children (EMSC) and Child Ready MT will host the 16-hour course developed by the Texas A&M Engineering Extension Service and the National Emergency Response and Rescue Training Center (TEEX.) DATE: **June 16-17, 2017 in Missoula MT (Course #: MGT439)**

**FREE in-person TRAINING!!!!**

**COURSE DESCRIPTION:** This course prepares students to effectively, appropriately, and safely plan for and respond to a disaster incident involving children. **The course addresses the specific needs of pediatric patients in the event of a community-based incident.** This is not a hands-on technical course, but instead a management resource course for stakeholders like pediatric physicians, emergency managers, emergency planners, and members of public emergency departments like EMS, Fire, Police, Public Health, and Hospitals in the field of disaster response and preparedness work.

### **TOPICS:**

- |  |  |
|--|--|
| . Introduction to Pediatric Response       | Emergency Management (EM) Considerations |
| . Implications for Planning and Response   | Functional Access Needs Considerations   |
| . Mass Sheltering                          | Pediatric Triage                         |
| . Allocation of Scarce Resources           | Pediatric Reunification Considerations   |
| . Pediatric Decontamination Considerations |  |

**REGISTRATION IS LIMITED TO 80 PARTICIPANTS. REGISTER NOW TO SAVE YOUR PLACE!**

Registration form is located at: <http://dphhs.mt.gov/publichealth/EMSTS/calendar.aspx>.

Submit the completed Registration Form to Robin Suzor, MT EMSC Program Manager, PO Box 202951, Helena MT 59620, or by fax to (406) 444-1814 Attn: Robin Suzor; Or electronically to [rsuzor@mt.gov](mailto:rsuzor@mt.gov).



## EMERGENCY PEDIATRIC CARE COURSE (EPC)

EPC is a NAEMT course for BLS and ALS providers. This course is designed to help providers with common pre-hospital emergency pediatric encounters. EPC is offered at free through funding provided by the Montana State



**EMS for Children/Child Ready MT Program.**  
**16 hours of accredited pediatric contact time awarded for course completion.**

This is a hybrid course. Students **must complete** the 8 hours of online training **prior** to the scheduled day of skills and simulation. *Access to the online course will be E-mailed to students within three days of course registration. A \$75.00 deposit is required to **reserve** a space in the course—you are **not charged if you attend the in-person skills class.***

If you would like to host an EPC course in your area, email [rsuzor@mt.gov](mailto:rsuzor@mt.gov) for more information. Please forward this announcement to anyone who may be interested.

This is a great opportunity for **FREE PEDIATRIC EDUCATION** (16 hours of accredited pediatric contact time)

**MAY 20, 2017: FLATHEAD AREA**

**JUNE 7, 2017: HELENA AREA**

**SEPTEMBER 8, 2017: LAUREL AREA**

**To register go to** <http://www.bestpracticemedicine.com/emergency-pediatric-care/>

### TRIVIA

Answer the trivia and win a 2017 Broselow Tape -to the first 5 to email answers to Robin - [rsuzor@mt.gov](mailto:rsuzor@mt.gov) **NOT** to the listserve.

1. Name 3 indicators for possible physical child abuse.
2. A child under three has an accident related to baby products like ?, ?, ? and ?s
3. What is one of April's awareness topics?
4. What dates are the in-person Montana Pediatric Disaster and Emergency Response Training?



EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM, MT DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEMS, P.O. BOX 202951, HELENA, MT 59620 -  
CONTACT INFORMATION: [rsuzor@mt.gov](mailto:rsuzor@mt.gov) or (406) 444-0901

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